

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 808629
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/		/		
2		/					52		/				
3		/					53		2				
4		/					54		/				
5		/					55		/				
6		/					56	/					
7		/					57	/					
8		/					58		/				
9		/					59		/				
10		/					60		/				
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64		/				
15	/						65		/				
16	/						66		/				
17		/					67		/				
18		/					68		/				
19		/					69		/				
20		/					70		/				
21		/					71		/				
22		/					72		/				
23		/					73		/				
24		/					74		/				
25		/					75	/					
26		/					76	/					
27		/					77		/				
28	/						78		/				
29	/						79		/				
30		/					80		2				
31		/					81		2				
32		/					82		2				
33		/					83		2				
34		/					84		/				
35		/					85		/				
36		/					86	/					
37		/					87		4				
38		/					88		4				
39		/					89		4				
40		/					90		4				
41	/						91		4				
42	/						92	/					
43		/					93		/				
44		/					94		/				
45		/					95		/				
46		/					96		/				
47		/					97		2				
48		/					98		2				
49		/					99		/				
50		/					100		/				
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 803629
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	20		6			
TOTAL DEP.	129		27			
TOTAL CLAIMS	147		33			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		1				
54		1				
55		5				
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100						
TOTAL IND.						
TOTAL DEP.	11					
TOTAL CLAIMS						

23/44

Final	Original
1	
2	
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18	
19	
20	
21	✓
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23	
24	
25	✓
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49	
50	✓

Final	Original
51	✓
52	
53	
54	
55	✓
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